

## After Hours Care

It can be particularly challenging to coordinate with covering physicians and to communicate key information about the CSHCN in your practice. The measures outlined below can enhance the effectiveness of the on-call staff less familiar with these patients. The following outlines steps applicable to an 11-physician group.

Among your practice partners, devise a plan to communicate information at the start and at the end of the nightly coverage period.

- After-hours nurse screens calls, with “significant” calls and those from families of children dependent on technology forwarded to the covering physician.
- Primary care physician informs covering physician at the end of the day if a patient has been admitted, if significant lab tests are pending or if there are patients who likely will need assistance after hours.
- In the morning, the covering physician informs the primary care physician if any patients call with significant issues, are seen in the Emergency department or are admitted.
- A coverage group “rule” never to send a child to the emergency department without speaking directly to the ER attending and relating summary sheet information reduces confusion and duplication of effort.
- Weekly meetings are held to discuss all admissions as a group.
- Separate practice meetings are held to discuss management of common or recurrent clinical problems.
- Information about children dependent on technology, kept in a central location in the practice, is available to the after hours triage nurse and is circulated in a binder at the weekly practice meeting. (It also could be managed in a hand-held computer.)
- The same data are given to the family to help them organize the information to present during an after hours telephone call.

Silva TJ, Sofis LA, Palfrey JS, 2000. *Practicing Comprehensive Care: A Physician's Operations Manual for Implementing a Medical Home for Children with Special Needs*. Boston, MA: Institute for Community Inclusion, Boston.